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79975 7590 03/08/2011
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/769,574	01/29/2004	Bret Berner	66631.8001.US01	8962

TITLE OF INVENTION: GASTRIC RETENTIVE ORAL DOSAGE FORM WITH RESTRICTED DRUG RELEASE IN THE LOWER GASTROINTESTINAL TRACT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/08/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOLT, ANDRIAE M	1616	424-468000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Paul B. Simboli

2 Judy M. Mohr

3 Susan L. Harlocker

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Depomed, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Menlo Park, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Susan L. Harlocker

Date

June 3, 2011

Typed or printed name

Susan L. Harlocker

Registration No. 59,144

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